

15-4057  
cb

**In the United States District Court  
for the Middle District of North Carolina  
Greensboro Division**

Defendant, Brian D. Hill

Brian David Hill

v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

**REQUEST FOR TRANSCRIPT**

Transcripts are requested for appeal purposes

for case 13-cr-435 of proceedings held as follows :

Status Conference 6/4/2014

before JUDGE N. C. TILLEY, JR

CJA Voucher requested to pay Transcript fees as I  
am indigent under CJA status. So pursuant to the  
Criminal Justice Act (18 U.S.C. § 3006A) for purposes of  
Appeal, I ask for the Transcript under CJA Voucher.

Brian D. Hill Jan 30, 2015  
*sighed*

Brian D. Hill ( pro se )  
916 Chalmer St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599

RECEIVED  
U.S. COURT OF APPEALS  
FOURTH CIRCUIT

2015 FEB -3 AM 9:50

## CERTIFICATE OF SERVICE

I hereby certify that service was made by mailing  
by deposit in the United States Mail, Postage prepaid,

on January 30th, 2015

a true and correct copy of the foregoing  
REQUEST FOR TRANSCRIPT, and signed CJA Voucher form(attached)

addressed to:

Mr. Anand P. Ramaswamy  
Assistant United States Attorney  
101 South Edgeworth Street  
Greenboro, NC 27401

and a true and correct copy addressed to:

Jane Allen-Calhoun, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

and a true and correct addressed to:  
U.S. Court of Appeals  
1100 E. Main St. Suite 501  
Richmond, VA 23219

Brian D. Hill Jan 30, 2015  
Brian D. Hill ( pro se )  
916 Chalmer St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599

January 30th, 2015

Jane Allen-Calhoun, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

Status Conference 6/4/2014 - 10 pages

I am enclosing a copy of the CJA 24 voucher (filed with Clerk of the Court) form I have signed asking the United States to pay the transcript service fee. Since I am indigent I am sure the government will pay for the transcript fee for my Request for transcript.

If a fee is required, please ask the court how much I would be required to pay.

If you have any question, please let me know.

Best wishes to you,

Brian D. Hill  
916 Chalmers St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599

Brian D. Hill  
Signed

Enc.

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT/DEF. NUMBER 1:13-CR-435-1	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name)  U.S. v. Brian David Hill	8. PAYMENT CATEGORY  <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED  <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) Pro Se

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)

## REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)
For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).
Status Conference, hearings for Pro Se motions filed - 6/4/2014 - 10 Pages

14. SPECIAL AUTHORIZATIONS	JUDGE'S INITIALS
A. Apportioned Cost % of transcript with (Give case name and defendant)	
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

15. ATTORNEY'S STATEMENT	16. COURT ORDER
As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <u>Brian D. Hill</u> Signature of Attorney	Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  Signature of Presiding Judge or By Order of the Court
01/30/2015 Date	Date of Order      Nunc Pro Tunc Date
Brian David Hill(Pro Se) Printed Name Telephone Number: (276) 632-2599 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization	

CLAIM FOR SERVICES			
17. COURT REPORTER/TRANSCRIBER STATUS		18. PAYEE'S NAME AND MAILING ADDRESS	
<input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		Jane Allen-Calhoun, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401	
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE		Telephone Number: (336) 332-6033	
Brian: I don't have that information.			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE
Original	1-10	10	\$3.65
Copy	1-10	10	\$0.90
Expense (Itemize)	These are only estimated costs.		
TOTAL AMOUNT CLAIMED:			\$45.50

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.
Signature of Claimant/Payee _____ Date _____

ATTORNEY CERTIFICATION	
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.	
Signature of Attorney or Clerk _____ Date _____	
APPROVED FOR PAYMENT — COURT USE ONLY	
23. APPROVED FOR PAYMENT	24. AMOUNT APPROVED
Signature of Judge or Clerk of Court _____ Date _____	

**In the United States District Court  
for the Middle District of North Carolina  
Greensboro Division**

Defendant, Brian D. Hill  
Brian David Hill v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

**REQUEST FOR TRANSCRIPT**

Transcripts are requested for appeal purposes

for case 13-cr-435 of proceedings held as follows :

Change of Plea Hearing 6/10/2014  
before CHIEF JUDGE WILLIAM L. OSTEEN JR.

Motion Hearing 9/3/2014  
before CHIEF JUDGE WILLIAM L. OSTEEN JR.

Called for sentencing 9/30/2014  
before CHIEF JUDGE WILLIAM L. OSTEEN JR.

Status Conference 10/15/2014  
before CHIEF JUDGE WILLIAM L. OSTEEN JR.

Sentencing Hearing 11/10/2014  
before CHIEF JUDGE WILLIAM L. OSTEEN JR.

Brian D. Hill Jan 30 2015 CJA Vouchers requested to  
signed pay Transcript fees as I  
Brian D. Hill ( pro se ) am indigent under CJA  
916 Chalmer St, Apt. D, Martinsville, VA 24112 status. So pursuant to  
Phone: (276)632-2599 the Criminal Justice Act  
(18 U.S.C § 3026A) for purposes  
of Appeal I ask for the  
Transcripts under CJA Voucher.

**CERTIFICATE OF SERVICE**

I hereby certify that service was made by mailing  
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a true and correct copy of the foregoing

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Mr. Anand P. Ramaswamy  
Assistant United States Attorney  
101 South Edgeworth Street  
Greenboro, NC 27401

and a true and correct copy addressed to:

Joseph Armstrong Court, Court Reporter  
North Carolina Middle District

324 W. Market Street

Greensboro, N.C. 27401

*and a true and correct copy addressed to:*

*U.S. Court of Appeals.*

*1100 E. Main St. Suite 501*

*Richmond, VA 23219*

Brian D. Hill Jan 30, 2015

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

January 30th, 2015

Joseph Armstrong, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

Change of Plea Hearing 6/10/2014  
Motion Hearing 9/03/2014  
Called for sentencing 9/30/2014  
Status Conference 10/15/2014  
Sentencing Hearing 11/10/2014

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If a fee is required, please ask the court how much I would be required to pay.

If you have any question, please let me know.

Best wishes to you,

Brian D. Hill (Pro Se)  
916 Chalmers St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599

*Brian D. Hill*  
*Signed*

Enc.

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

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3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name)  U.S. v. Brian David Hill	8. PAYMENT CATEGORY  <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED  <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) Pro Se

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*  
18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)

## REQUEST AND AUTHORIZATION FOR TRANSCRIPT

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For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> Change of Plea Hearing - 6/10/2014 - 28 Pages

14. SPECIAL AUTHORIZATIONS	JUDGE'S INITIALS
A. Apportioned Cost % of transcript with (Give case name and defendant)	
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	
15. ATTORNEY'S STATEMENT	16. COURT ORDER
As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.   Signature of Attorney	Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  _____ Signature of Presiding Judge or By Order of the Court
01/30/2015 Date	Date of Order                          Nunc Pro Tunc Date
Brian David Hill(Pro Se) Printed Name Telephone Number: (276) 632-2599 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization	

## CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other	18. PAYEE'S NAME AND MAILING ADDRESS  Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401  Telephone Number: (336) 332-6034
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE  Brian: I don't have that information.	
20. TRANSCRIPT  Original      Copy      Expense (Itemize) These are only estimated costs.	INCLUDE PAGE NUMBERS NO. OF PAGES RATE PER PAGE SUB-TOTAL LESS AMOUNT APPORTIONED TOTAL  <b>TOTAL AMOUNT CLAIMED:</b> \$127.40

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment ( <i>compensation or anything of value</i> ) from any other source for these services.  Signature of Claimant/Payee _____ Date _____
--

## ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  _____ Signature of Attorney or Clerk Date
---

## APPROVED FOR PAYMENT — COURT USE ONLY

23. APPROVED FOR PAYMENT  _____ Signature of Judge or Clerk of Court Date	24. AMOUNT APPROVED  _____
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## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

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<table border="1"> <thead> <tr> <th>20. TRANSCRIPT</th> <th>INCLUDE PAGE NUMBERS</th> <th>NO. OF PAGES</th> <th>RATE PER PAGE</th> <th>SUB-TOTAL</th> <th>LESS AMOUNT APPORTIONED</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Original</td> <td>1-25</td> <td>25</td> <td>\$3.65</td> <td></td> <td></td> <td>\$91.25</td> </tr> <tr> <td>Copy</td> <td>1-25</td> <td>25</td> <td>\$0.90</td> <td></td> <td></td> <td>\$22.50</td> </tr> <tr> <td>Expense (Itemize)</td> <td colspan="5">These are only estimated costs.</td> <td></td> </tr> <tr> <td colspan="6"></td> <td style="text-align: right;">TOTAL AMOUNT CLAIMED:</td> <td style="text-align: right;">\$113.75</td> </tr> </tbody> </table>						20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	Original	1-25	25	\$3.65			\$91.25	Copy	1-25	25	\$0.90			\$22.50	Expense (Itemize)	These are only estimated costs.												TOTAL AMOUNT CLAIMED:	\$113.75
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11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)					
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14. SPECIAL AUTHORIZATIONS					
A. Apportioned Cost      % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited					
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<b>CLAIM FOR SERVICES</b>					
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20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original	1-22	22	\$3.65		\$80.30
Copy	1-22	22	\$0.90		\$19.80
Expense (Itemize)	These are only estimated costs.				
TOTAL AMOUNT CLAIMED:					\$100.10
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Signature of Judge or Clerk of Court					Date

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<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>						
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13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> Status Conference - 10/15/2014 - 13 Pages						
14. SPECIAL AUTHORIZATIONS						
A. Apportioned Cost      % of transcript with (Give case name and defendant)						
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.						
15. ATTORNEY'S STATEMENT				16. COURT ORDER		
As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.				Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.		
<i>Brian D. Hill</i> Signature of Attorney				01/30/2015 Date		
Brian David Hill(Pro Se) Printed Name Telephone Number: (276) 632-2599 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				Signature of Presiding Judge or By Order of the Court  Date of Order      Nunc Pro Tunc Date		
<b>CLAIM FOR SERVICES</b>						
17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS  Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401  Telephone Number: (336) 332-6034		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE  Brian: I don't have that information.						
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original		1-13	13	\$3.65		\$47.45
Copy		1-13	13	\$0.90		\$13.90
Expense (Itemize)		These are only estimated costs.				
TOTAL AMOUNT CLAIMED:						\$61.35
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.						
Signature of Claimant/Payee				Date		
<b>ATTORNEY CERTIFICATION</b>						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.						
Signature of Attorney or Clerk				Date		
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>						
23. APPROVED FOR PAYMENT				24. AMOUNT APPROVED		
Signature of Judge or Clerk of Court				Date		

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST. / DIV. CODE	2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:13-CR-435-1	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)  U.S. v. Brian David Hill	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) Pro Se	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.  
18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)

## REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)

For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.

13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).  
Sentencing Hearing - 11/10/2014 - 17 Pages

14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT			16. COURT ORDER		
As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.			Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.		
<u>Brian D. Hill</u> Signature of Attorney			01/30/2015 Date		
Brian David Hill(Pro Se) Printed Name			Signature of Presiding Judge or By Order of the Court		
Telephone Number: (276) 632-2599 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			Date of Order	Nunc Pro Tunc Date	

## CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS			18. PAYEE'S NAME AND MAILING ADDRESS			
<input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			Joseph Armstrong, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE			Telephone Number: (336) 332-6034			
Brian: I don't have that information.						
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original	1-17	17	\$3.65			\$62.05
Copy	1-17	17	\$0.90			\$15.30
Expense (Itemize)	These are only estimated costs.					
TOTAL AMOUNT CLAIMED:						\$77.35

## 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee \_\_\_\_\_ Date \_\_\_\_\_

## ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

\_\_\_\_\_  
Signature of Attorney or Clerk \_\_\_\_\_ Date \_\_\_\_\_

## APPROVED FOR PAYMENT — COURT USE ONLY

23. APPROVED FOR PAYMENT	24. AMOUNT APPROVED
_____ Signature of Judge or Clerk of Court _____	Date _____

Brian David Hill  
916 Chalmers St. Apt. D  
Martinsville, VA 24712

**U.S.W.G.O.**

CERTIFIED MAIL



7013 3020 0002 2463 1552

U.S. POSTAGE  
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2 Request for Transcripts

Clerk of Court  
**U.S. Court of Appeals**  
**1100 East Main Street**  
**Suite 501**  
**Richmond, VA 23219**

Mailed Jan 30, 2015

RECORDED

03 2015